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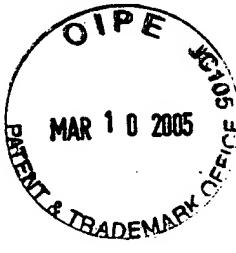
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7590

02/24/2005

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03/14/2005 LWONDIM2 00000022 09780976



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Sarah L. Henry	(Depositor's name)
<i>Sarah L. Henry</i>	
March 8, 2005	
D	

01 FC:1501	1400.00	OP	02 FC:1504	300.00	OP	APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/780,976	02/09/2001					Martin Czech		MICRONAS.5903		2248

TITLE OF INVENTION: LATERAL THYRISTOR STRUCTURE FOR PROTECTION AGAINST ELECTROSTATIC DISCHARGE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	05/24/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
LOKE, STEVEN HO YIN	2811	257-141000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list	1
<input checked="" type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,	<i>O'Shea, Getz & Kosakowski, P.C.</i>
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	2 3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed in recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Micronas GmbH

Freiburg, Germany

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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Issue Fee
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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment Deposit Account Number 50-3381 (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date March 8, 2005

Typed or printed name Patrick J. O'Shea

Registration No. 35,305

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